Feb	16 11 05:32p	JACKSON TRANSFER & STORAG	3	228137	8036483173	p.8	1
STATE OF SOUTH CAROLINA				228138			
(Caption of Case)  Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo				) BEFORE THE ) PUBLIC SERVICE COMMISSION ) OF SOUTH CAROLINA )			
		er and Storage, LLC	)	) TRANSPORTATION COVER SHEET			
PO Box 181 Aiken, SC 29802			) ) )	) DOCKET 2010.295-T ) NUMBER: 2008 - 241-T			
				<ul> <li>) If this is your first time filing an application with the PS</li> <li>) have a Docket Number. The Commission will assign on have filed with the Commission before, a Docket Number and should be entered above.</li> </ul>			u. If you
	ise type or print) omitted by:	Beth Jackson		Telephone:	803-648-4217		
	dress:	PO Box 181		Fax:	803-648-3173		
		Aiken, SC 29802		Other:			
		heet and information contained herein neither		Email:	jacksontransfe		
	quired by law. lled out comple	This form is required for use by the Public S tely.  NATURE OF AC				se of docketing	g and must
	Application -	- Class C Taxi			Request to Amend Sco	ope of Author	ity
	Application -	-Class C Charter			Request to Amend Tar	iff (rate incre	ase, etc.)
	Application -	- Class C Charter Bus			Request to Amend Pas	senger Limit	
	Application -	- Class C Non-Emergency			Request		
	Application -	- Class E Household Goods			Exhibit		
	Application -	- Class E Hazardous Waste			Late-Filed Exhibit		
	Application				Letter		
	Request for I	Extension to Comply with Order			Proposed Order		
		Order Granting Authority to Obtain Certification of the Rescinded	ficate of		Publisher's Affidavit		
	Request for (	Cancellation of Certificate			Reservation Letter		
	Request for S	Suspension			Response		
$\boxtimes$	Request for I	Reinstatement			Return to Petition		
	Request for 1	Name Change on Certificate		$\boxtimes$	Other: Request for Exp	pedited Revie	w
	If you l	have any questions about this form, please co	ntact the	PUBLIC SERV	ICE COMMISSION at 803	3-896-5100.	

## **CLASS E REINSTATEMENT FORM**

File the original with:	Mail or fax a copy to:
Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649	S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201
Columbia, S.C. 29211	(803) 737-0578
(803) 896 - 5100 FAX (803) 896-5199	FAX (803) 737-0815
DATE:	
Please consider this an application for Reinstateme	ent of my:
x Class E Household Goods Certificate (See a	attached form and provide documentation)
Class E Hazardous Waste Certificate	
My Certificate of Public Convenience and Necessity revoked/cancelled on 11/17/10 because	y No. is <u>241-B</u> . My certificate was failure to file Annual Report
I am seeking reinstate	ment because <u>Jackson Transfer &amp;</u>
Storage, LLC wants to continue operat	ion.
	BA
(Name of Company)	(if applicable)
291 Orangeburg St., NE	P.O. Box 181
(Street Address)	(Mailing Address, City, State, Zip Code)
Aiken, SC 29801	Milia & Milia
(City, State, Zip Code)	(Signature)
(803) 648-4217	_Co-Owner
(Telephone Number)	(Title) Owner, President, etc.
	ORS Rev 3-2-10



## Jackson Transfer & Storage

291 Orangeburg St., NE Aiken, SC 29801

Ph: 803-648-4217 Fax: 803-648-3173

То:	Public Service Commission of SC Date: 2/16/11		
Fax Nu	mber: 803-896-5199		
From:	Beth Jackson jacksontransfer@bellsouth.net		
RE:	Annual Report/Request for Reinstatement		
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	You should receive9pages, including cover shee	†	

## Transportation CARRIER ANNUAL REPORT

HOUSEHOLD GOODS & HAZARDOUS WASTE CARRIERS
OF

Jackson Transfer & Storage, LLC

**Exact Legal Name of Respondent** 

PSC/ORS Number (leave blank)

## FOR THE YEAR ENDED 2009

]	Calendar	Year	Ending	December	31,	2009
		ΩΓ				

[ ] Fiscal Year Ending \_\_\_\_\_

